

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3424

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, write RURAL and give township) KOCH c. LENGTH OF STAY (in this place) <u>12 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION KOCH HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY <u>0179</u> c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS d. STREET ADDRESS (If rural, give location) 3870 SHAW BLVD.			
3. NAME OF DECEASED a. (First) ARTHUR (Type or Print)		b. (Middle) M.		c. (Last) KELTNER		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 9, 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Dec. 18, 1896	
9. AGE (In years last birthday) 53		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) POPLAR BLUFF, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) POPLAR BLUFF, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME ROBERT KELTNER		13b. MOTHER'S MAIDEN NAME LILLIAN RONGEY		14. NAME OF HUSBAND OR WIFE OPAL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES (If yes, give war or dates of service) WW #1		16. SOCIAL SECURITY NO. 498-03-9965		17. INFORMANT'S SIGNATURE OR NAME LILLIAN HILDEBRANDT		ADDRESS 3870 SHAW BLVD.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Tuberculosis Far Advanced ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH Aug. 47 002X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 1-6		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-24 , 19 48 , to 1-6 , 19 50 , that I last saw the deceased alive on 1-6 , 19 50 , and that death occurred at 10 P m. , from the causes and on the date stated above.							
23a. SIGNATURE A. J. Steiner (Degree or title) MD				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 1-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-12-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI	
DATE REC'D BY LOCAL REG. 1-11-50		REGISTRAR'S SIGNATURE Robert L. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home 2301 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

dr. a.j. steiner
mo. theatre bldg
ne 5260

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

D R Cooper

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.